

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR UTILITY PATENT APPLICATION**

Attorney Docket N .

CHI0054P

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (if only one name is listed below) OR  
AN ORIGINAL, FIRST AND JOINT INVENTOR (if more than one name is listed below) OF THE SUBJECT  
MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION

ENTITLED: RECOMBINANT DNA ENCODING PDGF A-CHAIN POLYPEPTIDES

the specification of which:

(check one) ☒ is attached hereto;  
☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_

(if applicable)

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE;

I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO THE EXAMINATION OF THIS APPLICATION IN ACCORDANCE WITH TITLE 37, CODE OF FEDERAL REGULATIONS, Sec. 1.56 (a) which states: "A duty of candor and good faith toward the Patent and Trademark Office rests on the inventor, on each attorney or agent who prepares or prosecutes the application and on every other individual who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application. All such individuals have a duty to disclose to the Office information they are aware of which is material to the examination of the application. Such information is material where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent. The duty is commensurate with the degree of involvement in the preparation or prosecution of the application.";

I do not know and do not believe the said invention was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to said application; that said invention was not in public use or on sale in the United States of America more than one year prior to said application; that said invention has not been patented or made the subject of an inventor's certificate issued before the date of said application in any country foreign to the United States of America on any application filed by me or my legal representatives or assigns more than twelve months prior to said application;

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<b>COMBINED DECLARATION AND POWER OF ATTORNEY</b>		Attorney Docket No. CHI0054P	
COUNTRY/INTERNATIONAL	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES___ NO___
			YES___ NO___

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Edward B. Anderson-Reg.No. 30,154	Ronald Craig Fish-Reg.No. 28,843
William H. Benz-Reg.No. 25,952	Gladys H. Monroy-Reg.No. P32,430
Thomas E. Ciotti -Reg.No. 21,013	Kate H. Murashige-Reg.No. 29,959
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Dianne E. Reed-Reg.No. 31,292	

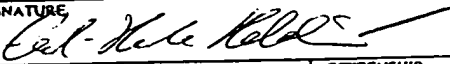


and: \_\_\_\_\_

Address all correspondence to:

Ciotti & Murashige  
545 Middlefield Road, Suite 200  
Menlo Park, California 94025

Address all telephone calls to: Thomas E. Ciotti at 415-327-7250.

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FULL NAME OF SOLE OR FIRST INVENTOR Carl-Henrik HELDIN 401W	SIGNATURE 	DATE 87/13/5
RESIDENCE Ludwig Institute for Cancer Research SE X		CITIZENSHIP Swedish
POST OFFICE ADDRESS Box 595 Biomedical Center S-75123 Uppsala, Sweden		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY Christer BETSHOLTZ 402W	SIGNATURE 	DATE 87/13/5
RESIDENCE Department of Pathology University Hospital		CITIZENSHIP Swedish
POST OFFICE ADDRESS S-75185 Uppsala, Sweden SE X		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY Bengt WESTERMARK 403W	SIGNATURE 	DATE 87/13/5
RESIDENCE Dept. of Pathology Univ Hospital		CITIZENSHIP Swedish
POST OFFICE ADDRESS S-751 85 Uppsala Sweden SE X		

☒ Please see attached continuation page for additional inventors.

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FULL NAME OF FOURTH INVENTOR Timothy J. KNOTT		SIGNATURE		DATE
RESIDENCE		CITIZENSHIP		
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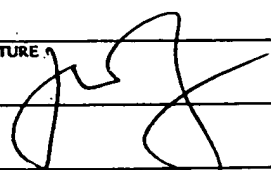
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RESIDENCE LONDON ENGLAND		CITIZENSHIP U.K.		
POST OFFICE ADDRESS 2 HEARNE RD, LONDON W4 3NS.				
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY James SCOTT		SIGNATURE		DATE
RESIDENCE		CITIZENSHIP		
POST OFFICE ADDRESS				
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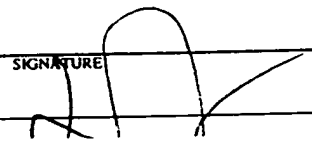
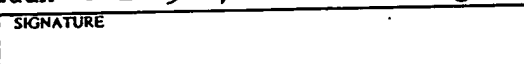
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RESIDENCE <b>61 Pursewardens Close, Culmington Road, London W13 6NX, UK</b>		CITIZENSHIP <b>UK</b>	
POST OFFICE ADDRESS <b>Molecular Medicine</b>			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY <b>James SCOTT</b>		SIGNATURE 	
RESIDENCE <b>Molecular Medicine Research Group</b>		CITIZENSHIP <b>UK</b>	
POST OFFICE ADDRESS <b>MRC Clinical Research Centre Watford Road, Harrow, Middx HA1 3UJ, United Kingdom</b>			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY <b>Graeme I. BELL</b>		SIGNATURE 	
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FULL NAME OF SECOND JOINT INVENTOR, IF ANY		SIGNATURE		DATE										
Christer BETSHOLTZ														
RESIDENCE		CITIZENSHIP												
POST OFFICE ADDRESS														
FULL NAME OF THIRD JOINT INVENTOR, IF ANY		SIGNATURE		DATE										
Bengt WESTERMARK														
RESIDENCE		CITIZENSHIP												
POST OFFICE ADDRESS														

☒ Please see attached continuation page for additional inventors.

**COMBINED DECLARATION AND POWER OF ATTORNEY  
CONTINUATION PAGE FOR ADDITIONAL INVENTORS**

Attorney Docket N .

CHI0054P

(This page must be attached to a completed Combined Declaration And Power Of Attorney before signing).

FULL NAME OF FOURTH INVENTOR Timothy J. KNOTT		SIGNATURE		DATE
RESIDENCE			CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY James SCOTT		SIGNATURE		DATE
RESIDENCE			CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY Graeme I. BELL <i>10/6/87</i>		SIGNATURE <i>Graeme I Bell</i>		DATE 5.7.87
RESIDENCE 87 Warren Dr., San Francisco, CA 94131			CITIZENSHIP CANADA	
POST OFFICE ADDRESS 87 Warren Dr., San Francisco, CA 94131				
FULL NAME OF SEVENTH INVENTOR, IF ANY		SIGNATURE		DATE
RESIDENCE			CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY		SIGNATURE		DATE
RESIDENCE			CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF NINTH JOINT INVENTOR, IF ANY		SIGNATURE		DATE
RESIDENCE			CITIZENSHIP	
POST OFFICE ADDRESS				